

<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION</b>  <input type="checkbox"/> Declaration <input checked="" type="checkbox"/> Declaration Submitted with      Submitted after Initial Initial Filing      Filing (surcharge 37 CFR 1.16(e) required)	Attorney Docket No.	MKC-005
	First Named Inventor	He
	<b>COMPLETE IF KNOWN</b>	
	Application Serial Number	Not yet assigned
	Filing Date	September 19, 2005
	Group Art Unit	Not yet assigned
	Examiner Name	Not yet assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

RECOVERY OF DNA

(Title of the Invention)

the specification of which

☒ was filed on  
(MM/DD/YYYY)

03/19/2004

as United States Application Serial Number or PCT International

Application Number

PCT/GB2004/001211

and was amended on  
(MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known by me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information known by me which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
0306305.4 0311351.1	Great Britain Great Britain	03/19/2003 05/16/2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Serial Number(s)	Filing Date (MM/DD/YYYY)

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Declaration and Power of Attorney for Utility or Design Patent Application		
<p>I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c), of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.</p>		
U.S. Parent Application or PCT Parent Serial Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/GB2004/001211	03/19/2004	
<p>As a named inventor, I hereby appoint the registered patent practitioners associated with the following Customer Number as my/our attorney(s) and/or agent(s) to prosecute the above-identified patent application and any applications claiming priority thereto, and to transact all business in the United States Patent and Trademark Office connected therewith. I acknowledge that the list of registered patent practitioners associated with the Customer Number may be amended from time to time. In the event that I assign or am under an obligation to assign my entire right, title and interest in the above-identified patent application and the invention(s) disclosed therein to another ("Assignee(s)"), I hereby acknowledge that I relinquish my right to revoke this Power of Attorney. Further, I hereby authorize the registered patent practitioners associated with the following Customer Number to accept and follow instructions from the Assignee(s) as to any action to be taken in the United States Patent and Trademark Office regarding this application or any application claiming priority thereto without direct communication between the registered patent practitioner(s) and me.</p>		
<p><b>CUSTOMER NUMBER 051414</b></p>		
<p>Please direct all correspondence for the above-identified patent application to the address associated with the above Customer Number.</p>		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:								
Given Name (first and middle [if any])				Family Name or Surname				
Mingyue				He				
Inventor's Signature	He Mingyue					Date	15/12/2005	
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<input checked="" type="checkbox"/> Additional inventors are named on the next page.								

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any))					Family Name or Surname			
Alison M.					Jackson			
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